

August Hollingshead and Frederick Redlich

Poverty, Socioeconomic Status, and Mental Illness

SOCIAL CLASS AND MENTAL ILLNESS

was the result of an unusually creative and productive collaborative research project undertaken by August Hollingshead, a sociologist, and Frederick Redlich, a psychiatrist. By combining their expertise in their respective disciplines, they became pioneers in the field of medical sociology, social psychiatry, and psychiatric epidemiology; their study is now considered a classic in these fields.¹ The main conclusion of this study was that there was a significant relationship between social class and mental illness both in type and severity of mental illness suffered as well as in the nature and quality of treatment that is provided. Individuals from the lowest socioeconomic strata had a much higher incidence of severe, persistent, and debilitating forms of mental illness and received the least adequate forms of treatment, if they received treatment at all. These disturbing conclusions raised questions about medicine, social policy, and the distribution of resources in mental health care.

Frederick ("Fritz") Redlich was born in Vienna, Austria, in 1910.² He was raised Catholic but found out he was of Jewish ancestry when he was 24. Redlich studied medicine and psychology in Vienna and received his MD in 1935. During his studies, he spent

one year at Wittenberg College in Ohio, which he enjoyed very much. When he completed his residency training in neurology and psychiatry in 1938, he and his wife, Elsa, also a physician, immigrated to the United States. In 1942, he completed his residency in neurology at the City Hospital in Boston and was appointed at the Yale Medical School. He subsequently trained in psychoanalysis at the New York Psychoanalytic Institute and completed his training in 1948.

In 1947, when Redlich was only an assistant professor, the dean of medicine asked him to develop a plan for the future organization of the department of psychiatry, which at that time was in disarray. He proposed to promote scientific research in psychiatry with the involvement of psychology, sociology, neurology, and psychoanalysis. In 1950 he was promoted to professor and became chair of the department, a position he held for the next 17 years. This gave him the opportunity to implement his ideas, in which he succeeded brilliantly. From 1967 to 1972, he was dean of the medical school.

August ("Sandy") Hollingshead was born in 1907 in Wyoming, the son of a farmer.³ After finishing his studies at the University of California at Berkeley, he held a variety of academic positions before he was appointed at Yale in 1947. There, he became the Sumner Professor of Sociology in 1963. Hollingshead had a lifelong

interest in the nature and effects of social stratification. Initially, his research was guided by the principles of human ecology, which had been developed at the University of Chicago. His first book, *Elmtown's Youth*, is a classic statement of the structure and functioning of an American community.⁴ It detailed extensive observations of the teenagers of Elmtown—where they hung out after school, what they liked to do, what they preferred to read—and the relationship of these variables to social class. He began collaborating with Redlich in the early 1950s. At this time, he investigated the significance of social stratification for the incidence of mental illness and the experience of hospitalization. *Social Class and Mental Illness* brought together Hollingshead's interest in social stratification and Redlich's interest in psychiatric epidemiology and social psychiatry.

Unfortunately, slightly less than 50 years after the publication of this path-breaking study, the conditions it drew attention to still persist. The strong association between poverty and poor mental health outcomes has been confirmed in a number of studies, although there is still debate about the direction of causation.^{5–7} One thing has changed, however. Individuals from the lowest social strata no longer receive substandard treatment in mental hospitals; they often receive no treatment and all and are likely to be homeless.⁸ ■

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This article was accepted April 30, 2007.

doi:10.2105/AJPH.2007.117606

Acknowledgment

Photographs of Yale-affiliated individuals are maintained by the Office of Public Affairs, Yale University, 1879–1989 (RU 696), Manuscripts and Archives, Yale University Library.

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